

## NOTIFICATION OF INTERCOUNTY TRANSFER

*Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.*

SENDING COUNTY AND ADDRESS				CASE NAME		CASE NUMBER	
				RECIPIENT ADDRESS		NUMBER/STREET	CITY
RECEIVING COUNTY				RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)			
<b>CASE STATUS</b>				RECIPIENT'S PHONE NUMBER(S)		DATE MOVED	
DISC. DATES:		AFDC/RCA/CAAP	FS	MC			
END DATES:		NET/TCC	TMC	GAIN		PAYEE'S NAME (IF DIFFERENT)	
						SSN	
<b>OVERPAYMENTS TRANSFERRED</b>				PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)			
<b>PROGRAM</b>		<b>BALANCE OWED</b>		<b>ADJUSTMENT</b>			
AFDC		\$		<input type="checkbox"/> 90% <input type="checkbox"/> 95%			
CHILD CARE PROGRAMS. (SCC/CAAP/NET/TCC/GAIN/C-L)		\$		_____ %			
GAIN (Other Supportive Services)		\$		<input type="checkbox"/> 90% <input type="checkbox"/> 95%			
CAL-LEARN BONUS		\$		<input type="checkbox"/> 90% <input type="checkbox"/> 95%			
FOOD STAMP OVERISSUANCE		\$		<input type="checkbox"/> 10% <input type="checkbox"/> 20%			
TYPE OF FS OI: <input type="checkbox"/> IPV <input type="checkbox"/> INADVERTENT HOUSEHOLD ERROR <input type="checkbox"/> AGENCY ERROR							
<b>FOOD STAMP SHELTER</b>							
BUDGETED HOUSING				BUDGETED UTILITIES			
\$				\$			
<b>SANCTIONS</b>							
<input type="checkbox"/> AFDC IPV <input type="checkbox"/> 6 MO <input type="checkbox"/> 12 MO <input type="checkbox"/> 2 YRS <input type="checkbox"/> 4 YRS <input type="checkbox"/> PERMANENT							
<input type="checkbox"/> GAIN <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> SUBSEQUENT							
<input type="checkbox"/> FS IPV <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> PERMANENT							
NAME OF SANCTIONED INDIVIDUAL(S)				ENDING DATE(S)			
<b>AFDC/RCA CASE INFORMATION</b>							
PRIOR MONTH		GRANT AMOUNT		CURRENT MONTH		GRANT AMOUNT	
		\$				\$	
SPECIAL NEEDS:		NAME		TYPE		AMOUNT	
HOMELESS ASSISTANCE							
<input type="checkbox"/> ONCE IN A LIFETIME EXHAUSTED							
<input type="checkbox"/> MET 24 MONTH EXEMPTION TO OLT _____							
				AUTH. DATE			
PERIOD OF INELIGIBILITY: _____ TO _____				REMAINDER \$ _____			
<input type="checkbox"/> LUMP SUM				NAME _____			
<input type="checkbox"/> RESTRICTED ACCOUNT(S):							
<b>CAL-LEARN/GAIN CASE INFORMATION</b>							
CAL-LEARN ELIGIBLE: NAME _____							
SANCTION FOR REPORT CARD: NAME _____							
PERIOD ENDING: <input type="checkbox"/> 1st MONTH COMPLETED: DATE _____							
<input type="checkbox"/> 2nd MONTH COMPLETED: DATE _____							
08 EXEMPTION:		CHILD'S NAME		PARENT'S NAME			
<b>MEDI-CAL ONLY CASE INFORMATION</b>							
<input type="checkbox"/> SOC:		NAME AND AMOUNT		NAME AND AMOUNT		WHO AND AMOUNT	
<input type="checkbox"/> COURT CASES: <input type="checkbox"/> HUNT V. KIZER <input type="checkbox"/> SNEEDE V. KIZER							
<input type="checkbox"/> PERCENT/FPL PROGRAM				<input type="checkbox"/> LTC: CSRA		\$	
		%					
<input type="checkbox"/> PERIOD OF INELIGIBILITY				<input type="checkbox"/> CONTINUED ELIGIBILITY (SPECIFY)			
<input type="checkbox"/> NAME: _____				<input type="checkbox"/> NAME: _____			
<input type="checkbox"/> LTC MONTHS: _____				<input type="checkbox"/> NAME: _____			
<b>RESEARCH COUNTIES ONLY</b>							
<input type="checkbox"/> APDP/CWPDP CONTROL <input type="checkbox"/> APDP/CWPDP EXPERIMENTAL							
CAL-LEARN COHORT (Circle One) L M F N							
<b>RESEARCH COUNTIES AND MEDI-CAL ONLY</b>							
<input type="checkbox"/> \$30 1/3 RECEIVED		NAME		FROM		TO	
<input type="checkbox"/> \$30 1/3 RECEIVED		NAME		FROM		TO	
<input type="checkbox"/> \$30 - 8 MONTHS		NAME		FROM		TO	
<b>DOCUMENTATION SENT</b>							
<input type="checkbox"/> MOST RECENT CA 1/SAWS 1							
<input type="checkbox"/> PE/FED ELIG. DETERMINATION (Work History Page from JA 2/SAWS 2/MC 210 that establishes work quarters)							
<input type="checkbox"/> DED VERIFICATION							
<input type="checkbox"/> INCAP VERIFICATION							
<input type="checkbox"/> OP/OI RECORDS							
<input type="checkbox"/> RCA TIME EXPIRE DATE _____							
<input type="checkbox"/> TCC APPLICATION and AFDC DISC. DATE _____							
<input type="checkbox"/> OTHER (List) _____							
<b>SUMMARY OF ELIGIBILITY</b>							
INCOME:		NAME:		WHAT MONTH:			
\$							
OTHER INCOME:		UIB		DIB		SSA	
\$		\$		\$			
SSI		VETERANS		OTHER: (Specify)			
\$		\$		\$			
PROPERTY: (List with current value)							
<input type="checkbox"/> RESTRICTED ACCOUNT(S) WHERE: CURRENT BALANCE \$							
<b>OTHER INFORMATION:</b>							
<input type="checkbox"/> EXEMPT FROM MAP CUTS							
NAME		WORKER NUMBER		PHONE HOURS			
PHONE NUMBER		FAX		DATE COMPLETED			
( )		( )					

## ABBREVIATIONS SUMMARY

<b>AFDC:</b> .....	Aid to Families with Dependent Children	<b>IPV:</b> .....	Intentional Program Violation
<b>APDP:</b> .....	Assistance Payments Demonstration Project	<b>LTC:</b> .....	Long Term Care
<b>CAAP:</b> .....	California Alternative Assistance Program	<b>MC:</b> .....	Medi-Cal
<b>C-L:</b> .....	Cal-Learn	<b>NET:</b> .....	Non-Gain Education and Training
<b>CSRA:</b> .....	Community Spouse Resource Allowance	<b>OI:</b> .....	Overissuance
<b>CWPDP:</b> .....	California Work Pays Demonstration Project	<b>OLT:</b> .....	Once in a Lifetime
<b>DED:</b> .....	Disability Evaluation Division	<b>OP:</b> .....	Overpayment
<b>DIB:</b> .....	Disability Insurance Benefits	<b>PE:</b> .....	Principal Earner
<b>DISC. DATES:</b> ....	Discontinuation Dates	<b>RCA:</b> .....	Refugee Cash Assistance
<b>FPL:</b> .....	Federal Poverty Level	<b>SCC:</b> .....	Supplemental Child Care
<b>Fed Elig.:</b> .....	Federal Eligibility	<b>SSA:</b> .....	Social Security Administration
<b>FS:</b> .....	Food Stamps	<b>SSI:</b> .....	Supplemental Security Income
<b>GAIN:</b> .....	Greater Avenues to Independence	<b>SSN:</b> .....	Social Security Number
<b>INCAP:</b> .....	Incapacity	<b>SOC:</b> .....	Share of Cost
		<b>TCC:</b> .....	Transitional Child Care
		<b>TMC:</b> .....	Transitional Medi-Cal
		<b>UIB:</b> .....	Unemployment Insurance Benefits

### NOTE FOR RESEARCH COUNTIES ONLY:

<b>L:</b> .....	Full Cal-Learn
<b>M:</b> .....	Case Management Only
<b>F:</b> .....	Financial Sanctions or Incentives Only
<b>N:</b> .....	Nothing